

Division of Corporations

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**AD90000000869**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.  
Account Number : 076117000420  
Phone : (561) 650-0728  
Fax Number : (561) 671-2527

**DISS/TERM/CANCEL/REV OF LP/LLP  
GK SHEFFIELD GLENN LLLP**

Certificate of Status	0
Certified Copy	0
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15 MAR 26 AM 10:00

BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FILED  
15 MAR 26 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAR 27 2015

S. YOUNG

**CERTIFICATE OF DISSOLUTION**  
**FOR**  
**GK SHEFFIELD GLENN LLLP**

Pursuant to the provisions of section 620.1203 and 620.1801, Florida Statutes, GK SHEFFIELD GLENN LLLP, a Florida limited liability limited partnership (the "Partnership"), hereby submits this Certificate of Dissolution.

**FIRST:** The name of the Partnership is: GK SHEFFIELD GLENN LLLP.

**SECOND:** The Partnership filed its Certificate of Limited Partnership with the Florida Secretary of State on December 22, 2009 and was assigned Florida document number A09000000869.

**THIRD:** The Partnership is being dissolved as the purpose for which it was formed is no longer applicable; and the dissolution has been approved pursuant to the written consent of its general partners and limited partners, pursuant to Section 620.1801(b), Florida Statutes.

**FOURTH:** The effective date shall be the date of filing of this Certificate of Dissolution.

Dated: March 20, 2015

**GENERAL PARTNER:**

GK GP LLC, a Florida limited liability company

By: The Kolter Group LLC, its Manager

By: 

Name: Kevin Voller

Title: Manager

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**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolving limited liability limited partnership named below for resolution of payment of unknown claims against this limited liability limited partnership as provided in Section 620.1807, Florida Statutes.

**Name of Limited Liability Limited Partnership:** GK Sheffield Glenn LLLP

**Document Number of Limited Liability Limited Partnership:** A09000000869.

**Date of Dissolution:** The date the Certificate of Dissolution is filed with the Department of State.

**Description of Information that must be included in a written claim:** The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

**Mailing address where claims can be sent:** A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: The Kolter Group LLC, 701 South Olive Avenue, Suite 104, West Palm Beach, Florida 33401, Attention: Kevin Voller.

A claim against GK SHEFFIELD GLENN LLLP will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

**GENERAL PARTNER:**

**GK GP LLC, a Florida limited liability company**

By: The Kolter Group LLC, its Manager

/s/ Kevin Voller

By: \_\_\_\_\_  
Kevin Voller, Manager